

INFANT SUPPORT SERVICES (ISS) **DISCHARGE SUMMARY**

Infant's Name: _____ Mother's Name: _____ Caregiver's Name: _____ Referral Source (Agency/Program/Medical Care Provider): _____ Reason for Referral (High Risk Criteria): _____ Date of Initial Assessment: _____ Sent to Medical Care Provider <input type="checkbox"/> Yes <input type="checkbox"/> No Total Number of Visits By: ____ RN ____ SW ____ RD	Date of Birth: _____
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Summary of ISS Plan of Care Problems/Issues Addressed:

HEALTH INFORMATION

INFANT

- ☐ Premature birth
- ☐ Low birth weight
- ☐ Difficulties with access to medical care provider
- ☐ Well child visits

- ☐ Hospital admissions
- ☐ Special needs
- ☐ Unsatisfied with health care
- ☐ Unmet needs _____

MOTHER

- ☐ Lack of prenatal care
- ☐ No postpartum visits
- ☐ Problems with previous pregnancies

- ☐ Lack of family planning
- ☐ Lack of dental care
- ☐ Unmet needs _____

SMOKING

- ☐ Smoked during pregnancy
- ☐ Continues to smoke
- ☐ Unmet needs _____

IMMUNIZATION

- ☐ Infant: Up to date
- ☐ Preschooler(s): Up to date
- ☐ Exposure to _____
- ☐ Unmet needs _____

INFANT'S NUTRITION

- ☐ Insufficient weight gain
- ☐ Difficulties with breast-feeding
- ☐ Difficulties with bottle feeding
- ☐ Inappropriate eating patterns

- ☐ Digestive problems
- ☐ Inadequate baby formula/food
- ☐ Unmet needs _____

MOTHER'S/CAREGIVER'S NUTRITION

- ☐ Inappropriate eating patterns
- ☐ Inadequate food supply
- ☐ Unmet needs _____

Infant's Name: _____

INFANT SUPPORT SERVICES (ISS) DISCHARGE SUMMARY

EMOTIONAL/MENTAL HEALTH INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> Lack of knowledge about infant care | <input type="checkbox"/> Lack of coping skills |
| <input type="checkbox"/> Lack of acceptance of this pregnancy | <input type="checkbox"/> Symptoms of depression |
| <input type="checkbox"/> Lack of father involvement | <input type="checkbox"/> Diagnosis of mental illness |
| <input type="checkbox"/> Lack of social supports | <input type="checkbox"/> Indicators of domestic violence |
| <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Ineffective parent-child interaction |
| <input type="checkbox"/> Children's Protective Services involvement | <input type="checkbox"/> Lag in developmental milestones |
| <input type="checkbox"/> Unusual stressors | |
| <input type="checkbox"/> Unmet needs _____ | |
| _____ | |

ENVIRONMENTAL INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> Unsafe or inadequate housing | |
| <input type="checkbox"/> Exposure to toxic substance such as: | |
| <input type="checkbox"/> lead <input type="checkbox"/> asbestos <input type="checkbox"/> pesticides <input type="checkbox"/> cleaners <input type="checkbox"/> other _____ | |
| <input type="checkbox"/> Exposure to allergens | |
| <input type="checkbox"/> No smoke detector | |
| <input type="checkbox"/> Second-hand smoke | |
| <input type="checkbox"/> Presence of weapon(s) | |
| <input type="checkbox"/> Frequent moves | |
| <input type="checkbox"/> Problems with money management | |
| <input type="checkbox"/> Lack of proper car seat | |
| <input type="checkbox"/> Unsafe sleeping arrangements | |
| <input type="checkbox"/> Inadequate baby supplies | |
| <input type="checkbox"/> Unmet needs _____ | |
| _____ | |

PARENTING EDUCATION

- | | |
|--|--|
| <input type="checkbox"/> Lack of parenting education | |
| <input type="checkbox"/> Unmet needs _____ | |
| _____ | |

TRANSPORTATION

- | | |
|---|--|
| <input type="checkbox"/> Lack of transportation | |
| <input type="checkbox"/> Unmet needs _____ | |
| _____ | |

OTHER: _____

REFERRALS MADE: _____

Signature of ISS Care Coordinator: _____ Date: _____